		DELINEATION OF (For use of this form, se	CLINICAL e AR 40-68	PRIVILE	GES - POD	IA is (TRY DTSG.)
1. NAME O	F PROVIDER	(For use or this form, se	2. RANK/0		. FACILITY	(
be coded. F	R: Enter the	appropriate provider code in the colues listed, line through and initial any ed, any revisions or corrections to the	criteria/appli	cations tha	it do not app	ly.	egory and/or individual privilege listed must Your signature is required at the end of ubmit a new DA Form 5440.
column mark	ked "APPRO	w each category and/or individual priovED". This serves as your recommo	endation to t	by the pro he comma	vider and ent nder who is	ter t	the appropriate approval code in the approval authority. Your overall
		PROVIDER CODES				Δ	APPROVAL CODES
2 - 3 - 4 -	Modification Supervision Not request	etent to perform in requested (Justification attached) requested ted due to lack of expertise ted due to lack of facility support		2 3 4	ModificatioSupervisionNot approv	n re red,	ully competent equired (Justification noted) quired insufficient expertise insufficient facility support
		SECTI	ON I - CLINIC	CAL PRIVIL	EGES		
Category I. Treat rou provider's a		ons of the foot and work under the s	supervision o	f a privileg	ed podiatrist	wh	o assumes full responsibility of the
Requested	Approved		學大學的學		antholis Edition	Wijo	安持国际设施工程的
		Category I clinical privileges					
Category II. Examine be used wh	diagnose	and treat conditions of the feet requi	ring skills ac	quired duri	ng post-resid systemic dis	enc	by specialty training. Consultations should se, as first manifested by pedal symptoms.
Requested		11. 学和音句题中记忆 11. XXX	# WASHINE				
		Category II clinical privileges				_	
Includes	Categories	Categories I and II. I and II. Board certified or eligible. Pr ses, as well as the palliative and corre	evention, dia ective treatm	ignosis and ient of loca	i treatment o	f co	omplications involving the foot, arising from
Requested		是美国的国家会员是国际全部的	THOUSE YE	0.5			可是我们地震中国来到最多。 而自己的东西
		Category III clinical privileges			re was 5 U		
		ARE	AS OF FOO				
Requested	Approved	S 12 dies	no Paris	Requested	Approved	d	Foot Orthopedics
	SUPERIOR STATE	a. General Practice				-	Podopediatrics
		b. Foot Surgery (1) Common Podiatric Surgical P	rocoduras				Podogeriatrics
		(1) Common Fodiatric Surgical F	Tocedules			-	X-Ray Services (Interpretation)
		(2) Complex Reconstructive Surg	gery			g.	A-nay Services (interpretation)
BIRTH ATTIONS		c. Podiatric Dermatology					
		COMMON P	ODIATRIC SU	JRGICAL P	ROCEDURES	;	
Requested	Approved	SKIN		AND THE	A CONTRACTOR		NERVES
, loquostou	- 12 pr. 0 7 0 d	a. Digital syndactylism				a.	Decompression (posterior tibial nerve)
		b. Excision of cutaneous lesions, b	enign				tarsal tunnel
		c. Excision of soft tissue lesions, c	A CONTRACT OF THE PARTY OF THE			-	Decompression sinus tarsi
		d. Grafts (simple, rotational, pedicl				C.	Excision of neuroma
-		e. Plastic revisions (forefoot)					
		f. Removal of foreign body					TENDONS
		g. Toenail procedures				a.	Capsulotomy, midfoot with or without tendon lengthening
						b.	Excision of cyst, (extra or intra- tendonous), foot
						c.	Percutaneous Achilles lengthening

Requested	Approved	COMMON PODIATRIC SUR			
Requested	Approved	TENDONS (Continued) d. Plantar fascial release (Steindler,	Requested	Approved	OSSEOUS (Continued)
		simple)(Endoscopic)			(4) Retrocalcaneal exostosis
		e. Repair of ruptured tendon (forefoot)			k. Correction of hallux valgus or bunion with proximal or distal osteotomy
		f. Tendon transfers (forefoot)			(1) Joint resection with implant
		g. Tendon lengthening (forefoot)			(2) Arthrodesis (MTPJ, Lapidus)
		h. Tenectomy or Capsulotomy			I. Ostectomy
					(1) Lesser tarsals
					(2) Metatarsals (distal, proximal)
al of Sun		OSSEOUS			
		Arthrodesis I-P Joint, M-P Joint, 1st through 5th			
		b. Arthrodesis T-M Joint			FRACTURES AND DISLOCATIONS
		c. Excision of accessory bone: including sesamoidectomy			Open reduction with or without fixation (digits, metatarsals)
		d. Excision of bone cyst, benign			
		e. Hammer toe correction			INFECTIONS
		f. Akin type bunionectomy			a. Incision and drainage (deep, superficial)
		g. Keller type bunionectomy			 Debridement of osteomyelitic metatarsals and phalanges
		h. McBride type bunionectomy			c. Partial digital amputation
		i. Ostectomy: any forefoot bone			
		(1) Complete or partial excision of	* L. S. D. L	1446	AMPUTATION
	-	metatarsal head 1st through 5th			a. Digital amputation
		(2) Bone graft harvest from foot			b. Ray resection
		 j. Ostectomy: any midfoot or rearfoot bone, (partial, complete) 			c. Metatarsal amputation
		(1) Complete or partial excision of metatarsal head1st through 5th with			d. Transmetatarsal amputation
		implant (2) Excision of tarsal coalition			OTHER
		(3) Heel spur with or without fascial			a. Ankle arthrotomy
		releases	TRUCTUE OF	IDOEDY	
Requested	Approved	COMPLEX RECONS TENDONS	Requested	Approved	FRACTURES AND DISLOCATIONS
Tioquostou	гірріотоц	a. Tendon transfers (rearfoot)	noquested	Approved	Open reduction, with or without fixation
		(1) Tendon suspensions (Young), (Hibbs),			(1) Calcaneus-talus
		(Jones): tenodesis			(2) Lesser tarsals
		(2) Anterior/posterior tibial			127 20007 2010010
		(3) Flexor transfer (rearfoot)		Carlo Carlo	AMPUTATION
		(4) Peroneal transfer		I I I I I I I I I I I I I I I I I I I	a. Chopart amputation
		 Tendon lengthening/repair: midfoot/ rearfoot 			b. Symes amputation
					OTHER
Y SIVE		OSSEOUS			a. Ankle arthroscopy (diagnostic/surgical)
		a. Arthroereisis			 Ankle arthroplasty (debridement, non-prosthetic)
		b. Osteotomy with or without fixation			c. Ankle stabilization procedure:
		(1) Calcaneus - talus			Tenoplastic/Ligamentoplastic
		c. Arthrodesis			d. Bone graft harvest from distal tibia/fibula
		(1) Navicular-cuneiform			e. Cavus foot reconstruction procedures
		(2) Midtarsal/subtalar			f. Clubfoot release/reconstruction
		(3) Triple arthrodesis			g. Endoscopic procedure
		(3) Triple arthrodesis			Endoscopic procedure Flatfoot reconstruction procedures

		COMPLEX RECO	NSTRUCTIVE SURGE	RY (Continue	d)	
Requested	Approved	OTHER (Continued)	Requested	Approved		
		j. Microvascular procedure			n. Vertical talus release	/reconstruction
		k. Repair of ruptured tendo-achilles				
		I. Suspected malignant neoplasms of t	the			
		foot				
		m. Tendo-achilles, peroneus longus: Tel lengthening	ndon			
COMMENTS	3					
			SIGNATURE OF PRO	OVIDER		DATE (YYYYMMDD)
		SECTION II - SUP	ERVISOR'S RECOMP	MENDATION	J	
Approval	as requeste	ed Approval with Modification	ons (Specify below)	Di	sapproval (Specify below)	
COMMENTS						
DEPARTMEN	NT/SERVICE	CHIEF (Typed name and title)	SIGNATURE			DATE (YYYYMMDD)
		SECTION III - CREDENTI	ALS COMMITTEE RE	COMMEND	ATION	
Approval	as requeste	ed Approval with Modification	ons (Specify below)	Di	sapproval (Specify below)	
COMMENTS						
CREDENTIAL	LS COMMIT	TEE CHAIRPERSON (Name and rank)	SIGNATURE			DATE (YYYYMMDD)

	EVALUATION OF CLINICAL (For use of this form, see AR 40-68;	PRIVILEGES - PO	DDIATRY				
1. NAME O	F PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVA	LUATION (YYYY	'MMDD)		
			FROM TO				
4. DEPARTN	MENT/SERVICE	5. FACILITY (Name	and Address: City/State/ZIF	Code)			
INSTRUCT appropriate	IONS: Evaluation of clinical privileges is based on the part to this discipline, and his/her competence to perform t	provider's demonst the various technic	rated patient mana al skills and proced	gement abiliti	es		
below. All	privileges applicable to this provider will be evaluated.	For procedures lis	ted, line through a	nd initial any			
	lications that do not apply. The privilege approval code umn titled "CODE" for each category or individual privil						
marked "No	ot Applicable". Any rating that is "Unacceptable" must	t be explained in S	ECTION II - "COMN	MENTS". Con	nments on		
	tion must be taken into consideration as part of the pro	vider's reappraisal	renewal of clinical	privileges and	d		
appointmer	nt/reappointment to the medical staff.						
	SECTION I - DEPARTMENT/SEI	RVICE CHIEF EVALU	ATION				
CODE	PRIVILEGE CATEGORY		ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE		
	Category I clinical privileges						
	Category II clinical privileges						
	Category III clinical privileges						
	AREAS OF FOOT PATHOLOGY						
	a. General Practice		100000000000000000000000000000000000000				
	b. Foot Surgery						
	(1) Common Podiatric Surgical Procedures (Specify in list whit	the horacon research					
	(2) Complex Reconstructive Surgery (Specify in list which follow c. Podiatric Dermatology	vs)		of the second second	in April 1874		
	d. Foot Orthopedics						
	e. Podopediatrics						
	f. Podogeriatrics						
	g. X-Ray Services (Interpretation)						
	COMMON PODIATRIC SURGICAL PROCE	DURES					
	SKIN						
	a. Digital syndactylism						
	b. Excision of cutaneous lesions, benign						
	c. Excision of soft tissue lesions, cysts d. Grafts (simple, rotational, pedicle flap)						
	e. Plastic revisions (forefoot)						
	f. Removal of foreign body						
	g. Toenail procedures						
	g. Footal procedure						
	NERVES						
	a. Decompression (posterior tibial nerve) tarsal tunnel						
	b. Decompression sinus tarsi						
	c. Excision of neuroma						
	TENDONS		18/16/01/ Est &				
	a. Capsulotomy, midfoot with or without tendon lengthening	a	Weter State and the State of th				

CODE	COMMON PODIATRIC SURGICAL PROCEDURES (Continued)	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	TENDONS (Continued)	ACCELTABLE	ACCELTABLE	AFFEICABLE
	b. Excision of cyst, (extra or intratendonous), foot			
	c. Percutaneous Achilles lengthening			
	d. Plantar fascial release (Steindler, simple)(Endoscopic)			
	e. Repair of ruptured tendon (forefoot)			
	f. Tendon transfers (forefoot)			
	g. Tendon lengthening (forefoot)			
	h. Tenectomy or Capsulotomy			
elione in one of	OCCUPA			
	OSSEOUS a. Arthrodesis I-P Joint, M-P Joint, 1st through 5th	IROS TOTAL		A COMPANIES OF STREET
	b. Arthrodesis T-M Joint			
	c. Excision of accessory bone: including sesamoidectomy			
	d. Excision of bone cyst, benign			
	e. Hammer toe correction			
	f. Akin type bunionectomy			
	g. Keller type bunionectomy			
	h. McBride type bunionectomy			
	i. Ostectomy: any forefoot bone			
	(1) Complete or partial excision of metatarsal head1st through 5th			
	(2) Bone graft harvest from foot			
	Control of the Contro			
	j. Ostectomy: any midfoot or rearfoot bone, (partial, complete)			-
	(1) Complete or partial excision of metatarsal head 1st through 5th with implant			
	(2) Excision of tarsal coalition			
	(3) Heel spur with or without fascial releases			
	(4) Retrocalcaneal exostosis			
	k. Correction of hallux valgus or bunion with proximal or distal osteotomy			
	(1) Joint resection with implant			
	(2) Arthrodesis (MTPJ, Lapidus)			
	I. Ostectomy			
	(1) Lesser tarsals			
	(2) Metatarsals (distal, proximal)			
	FRACTURES AND DISLOCATIONS			nte no de la company
	a. Open reduction with or without fixation (digits, metatarsals)			
	INFECTIONS		UT HOME THE VIEW	
	a. Incision and drainage (deep, superficial)			
	b. Debridement of osteomyelitic metatarsals and phalanges			
	c. Partial digital amputation			
	AMPUTATION			
	a. Digital amputation			
	b. Ray resection			
	c. Metatarsal amputation			
	d. Transmetatarsal amputation			

a. Ankle arthrotomy COMPLEX RECONSTRUCTIVE SURGERY TENDONS a. Tendon transfers (rearfoot) (1) Tendon suspensions (Young), (Hibbs), (Jones): tenodesis	ACCEPTABLE	ACCEPTABLE	APPLICABLE
COMPLEX RECONSTRUCTIVE SURGERY TENDONS a. Tendon transfers (rearfoot)			
TENDONS a. Tendon transfers (rearfoot)			
TENDONS a. Tendon transfers (rearfoot)			
a. Tendon transfers (rearfoot)			
			SVIIIS III MIS
(1) Tendon suspensions (Young), (Hibbs), (Jones): tenodesis			
100 M 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1			
(2) Anterior/posterior tibial (3) Flexor transfer (rearfoot)			
(4) Peroneal transfer			
• •			
b. Tendon lengthening/repair: midfoot/ rearfoot			
OSSEOTIS			
2) Quarter (10) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
VI. C.			
TO DISTRICT TO THE STATE OF THE			
MOST 75 NO 1997 AND 1			
(o) Triple distilledesis			
FRACTURES AND DISLOCATIONS			
(2) Lesser tarsals			
N 925			
b. Symes amputation			
OTHER	10 10 20 14 0 10 12 2	PACE AND BUT OF	
The state of the s			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
En Links (Windshift in market of the process of the second			
No. 1 Telephone Control of the Contr			
n. Vertical talus release/reconstruction			
	a. Arthroereisis b. Osteotomy with or without fixation (1) Calcaneus - talus c. Arthrodesis (1) Navicular-cuneiform (2) Midtarsal/subtalar (3) Triple arthrodesis FRACTURES AND DISLOCATIONS a. Open reduction, with or without fixation (1) Calcaneus-talus (2) Lesser tarsals AMPUTATION a. Chopart amputation b. Symes amputation D. Arkle arthroscopy (diagnostic/surgical) b. Ankle arthroscopy (diagnostic/surgical) c. Ankle stabilization procedure: Tenoplastic/Ligamentoplastic d. Bone graft harvest from distal tibia/fibula e. Cavus foot reconstruction procedures f. Clubfoot release/reconstruction g. Endoscopic procedure h. Flatfoot reconstruction procedures i. Gastrocnemius recession j. Microvascular procedure k. Repair of ruptured tendo-achilles l. Suspected malignant neoplasms of the foot m. Tendo-achilles, peroneus longus: Tendon lengthening h. Vertical talus release/reconstruction	a. Arthroereisis b. Osteotomy with or without fixation (1) Calcaneus - talus c. Arthrodesis (1) Navioular-cuneiform (2) Midtarsal/subtalar (3) Triple arthrodesis FRACTURES AND DISLOCATIONS a. Open reduction, with or without fixation (1) Calcaneus-talus (2) Lesser tarsals AMPUTATION a. Chopart amputation b. Symes amputation OTHER a. Ankle arthroscopy (diagnostic/surgical) b. Ankle arthroplasty (debridement, non-prosthetic) c. Ankle stabilization procedure: Tenoplastic/Ligamentoplastic d. Bone graft harvest from distal tibia/fibula e. Cavus foot reconstruction procedures f. Clubfoot release/reconstruction g. Endoscopic procedure h. Flatfoot reconstruction procedures f. Gastrocnemius recession j. Microvascular procedure k. Repair of ruptured tendo-achilles l. Suspected malignant neoplasms of the foot m. Tendo-achilles, peroneus longus: Tendon lengthening	a. Arthroereisis b. Osteotomy with or without fixation (1) Calcaneus - talus c. Arthrodesis (1) Navicular-cuneiform (2) Midtarsal/subtalar (3) Triple arthrodesis FRACTURES AND DISLOCATIONS a. Open reduction, with or without fixation (1) Calcaneus-talus (2) Lesser tarsals AMPUTATION a. Chopart amputation b. Symes amputation OTHER a. Ankle arthroscopy (diagnostic/surgical) b. Ankle arthroplasty (debridement, non-prosthetic) c. Ankle stabilization procedure: Tenoplastic/Ligamentoplastic d. Bone graft harvest from distal tibia/fibiula e. Cavus foot reconstruction procedures f. Clubfoot release/reconstruction g. Endoscopic procedure h. Flatfoot reconstruction procedures i. Gastronemius recession i. Microvascular procedure k. Repair of ruptured tendo-achilles l. Suspected malignant neoplasms of the foot m. Tendo-achilles, peroneus longus: Tendon lengthening

CODE	COMPLEX RECONSTRUCTIVE S	SURGERY (Continued)	ACCEPTABLE	ACCEPTABLE	APPLICABLE
	OTHER (Continue	ed)		A Commentation	
	SECTION II - COMMI	ENTS (Explain any rating that is "Unacceptable".	1		
	220110101111 001111111	Indicate of the second			
NAME AND T	ITLE OF EVALUATOR	SIGNATURE		DATE (YYYMMDD)